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Overweights Benefit from Weight Reduction*

New evidence that weight reduction has a favorable effect on the longevity of overweights is provided by the Build and Blood Pressure Study, 1959, recently completed by the Society of Actuaries. One aspect of the study dealt with the mortality experience of policyholders who were charged higher than standard premiums solely because they were overweight at the time they were insured but who later qualified for insurance at standard rates because they had reduced their weight sufficiently. The mortality of these insured was significantly lower than that for the entire group of policyholders in their original overweight class. This study confirms the results of a similar investigation made some years ago by the Metropolitan Life Insurance Company.†

Adequate data for detailed analysis were available only for male risks, but the small experience for overweight women who reduced indicated that their mortality likewise was more favorable than that for the entire group of women originally charged higher than standard premium rates on account of overweight.

Overweight men who reduced experienced practically the same mortality as standard risks for a period of years following weight reduction. This was true for each broad age group and for all height classes. The mortality record of the men who reduced was most favorable in the years immediately following removal of the substandard rating, but less so thereafter; this upward trend in mortality was characteristic of all overweights. The mortality of the men who reduced nevertheless remained consistently below that of overweight men who continued to pay extra premiums.

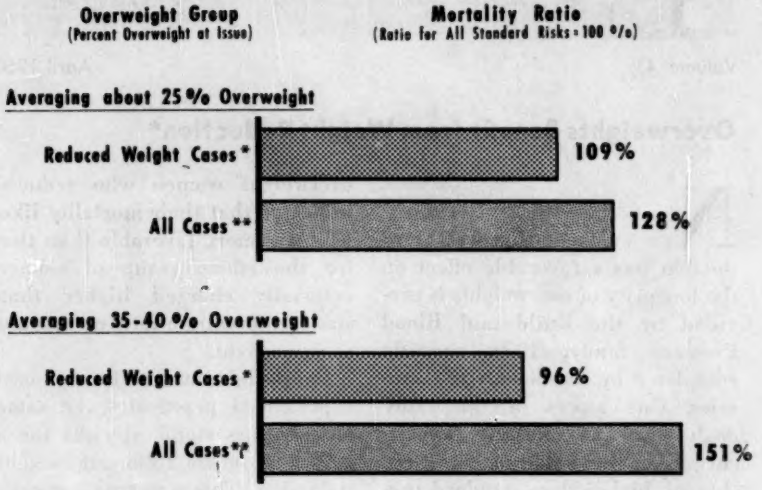
The experience for men was analyzed further according to weight class: those averaging about 25 percent above average weight

*This is the fifth of a series of articles dealing with the major findings and implications of the *Build and Blood Pressure Study, 1959*, recently published by the Society of Actuaries. This investigation covered the experience of several million people insured by 26 large Life insurance companies in the United States and Canada during the period 1935-53.

†Dublin, Louis I. and Marks, Herbert H. "Mortality Among Insured Overweights in Recent Years," *Transactions of the Association of Life Insurance Medical Directors of America*, Vol. 35, 1951, p. 235.

MORTALITY OF OVERWEIGHT MEN SUBSEQUENT TO WEIGHT REDUCTION AND OF ALL OVERWEIGHT MEN

Cases Accepted for Ordinary Insurance in 1935-53, Traced to Policy Anniversary in 1954



*Cases originally rated substandard because of overweight but who later qualified for standard insurance. Experience since removal of substandard rating.

**Experience, since issue, of all men in this overweight class insured either as standard risks or rated as substandard risks only because of weight.

Source: Derived from *Build and Blood Pressure Study, 1959*, Society of Actuaries.

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and those about 35-40 percent overweight at the time the insurance was issued. As the accompanying chart shows, in both groups the mortality after weight reduction was close to the average for all standard risks. In each of the weight classes, the mortality of those who reduced was well below that for the group from which they were drawn. The decrease in mortality was especially large for the men markedly overweight.

Because a considerable proportion of overweights who reduce fail to maintain their lower weight, those who succeed in keeping their weight down for a time constitute a select group. However, this can be only a partial explanation of the favorable findings for those who reduced their weight. Evidence of specific benefits from weight reduction is available from other sources. One striking illustration was the decrease in mortality — particularly from cardiovascular disease and diabetes — in many parts of Europe during World War II, when food supplies

were drastically restricted, and the general reversal of this trend when food became more abundant. The great improvement in the mortality of American women reflects, in part, the benefits of weight control, as shown by the decrease in average weight of women. Men, whose average weight increased in the past generation, experienced a much smaller reduction in mortality.

On the clinical side, weight reduction is virtually routine in the treatment of heart disease and hypertension. Reduction of excess weight decreases the strain on the heart, and thus tends to lower blood pressure. The Build and Blood Pressure Study provides abundant evidence of the rise in blood pressure with increase in degree of overweight. A recent study of elderly obese patients in a nursing home—most of them hypertensives—showed that almost all those who reduced their weight experienced a marked decrease in blood pressure.* Studies of middle-aged overweight diabetics indicated that weight reduction improved their glucose tolerance, and in those who reduced to average weight, normal tolerance was restored in most cases.†

Overweight is a more significant factor in longevity now than ever before because of its association with the cardiovascular diseases, which now account for the majority of all deaths. The situation is particularly serious among males. Accordingly, whatever measures are effective in reducing the death toll from these diseases are likely to make the greatest contributions to further improvement in health and longevity.

The reduction of weight and its maintenance at optimum levels depend upon the relation of caloric intake to caloric utilization. Overweights can reduce only if they consume less than their body needs. A reasonable and persistent program of diet and exercise, under the continuous guidance of a physician, and the avoidance of fad diets will accomplish the desired result.

*Goodman, Joseph I., "The Relationship of Obesity to Chronic Disease," *Geriatrics*, February 1955, p. 78.

†Newburgh, L. H., "Control of the Hyperglycemia of Obese 'Diabetics' by Weight Reduction," *Annals of Internal Medicine*, December 1942, p. 935.

Why Older People Are Hospitalized

As people advance in age, both their admission rate to hospitals and their average length of hospital stay increase. Moreover, more people at ages 60 and over are hospitalized for nonsurgical than for surgical conditions. In general, the proportion of nonsurgical cases among those hospitalized rises with the age of patients, as may be seen in the table on page 4. These data relate to the experi-

LEADING CAUSES OF HOSPITALIZATION AND AVERAGE DURATION OF HOSPITAL STAY AT AGES 60 YEARS AND OVER

By Age and Sex, Insured Personnel of Metropolitan Life Insurance Company*
Cases Admitted January 1, 1957 to December 31, 1958 and Traced to June 30, 1959†

Type of Case	Annual Hospital Admissions per 1,000 Insured at Ages				Average Duration of Hospital Stay							
					Days per Case at Ages				Days per 100 Insured at Ages			
	60 and Over	60-64	65-74	75 and Over	60 and Over	60-64	65-74	75 and Over	60 and Over	60-64	65-74	75 and Over
Males												
Surgical Conditions—Total	71.8	72.4	68.9	79.1	15.9	13.7	17.1	18.9	114.5	99.2	117.7	149.7
Abdominal surgery	20.9	21.9	21.7	15.4	15.3	14.8	15.4	17.0	32.0	32.7	33.4	26.2
Herniotomy (all types)	9.2	9.9	9.5	6.0	10.3	10.7	9.3	14.0	9.5	10.6	8.9	8.5
Gallbladder	2.6	3.2	2.1	2.8	20.1	17.5	23.4	21.3	5.3	5.6	4.9	6.0
Gastrectomies and gastrojejunostomies	1.9	1.8	1.9	1.9	21.2	22.4	21.8	16.3	3.9	3.9	4.2	3.0
Urologic surgery	19.6	18.7	18.3	26.0	18.1	14.4	19.5	22.7	35.3	26.8	35.8	59.1
Prostatectomies	7.9	5.7	8.5	12.6	23.0	20.5	22.9	26.7	18.3	11.8	19.5	33.6
Cystoscopies	7.4	9.3	6.1	6.0	13.7	11.8	15.6	16.0	10.1	10.9	9.5	9.7
Benign tumors	5.2	5.6	4.8	5.1	11.0	8.5	15.7	5.6	5.7	4.8	7.5	2.9
Proctologic surgery	4.8	5.9	4.6	2.3	11.4	10.3	13.3	7.6	5.5	6.1	6.1	1.8
Hemorrhoids	2.7	3.8	2.4	.5	8.3	8.2	8.6	8.0	2.3	3.1	2.0	.4
Eye	4.3	2.1	4.8	9.3	11.6	11.5	13.5	8.5	5.0	2.4	6.4	7.9
Fractures	2.9	1.6	2.1	9.3	25.5	10.1	22.4	35.4	7.4	1.6	4.7	32.9
Fractures of hip and pelvis	1.3	.2	.9	5.6	35.7	11.0	32.3	39.4	4.5	.2	2.9	22.0
Thoracic surgery	2.3	3.0	1.9	1.4	18.0	19.2	16.5	17.0	4.2	5.8	3.2	2.4
Cancer	2.2	2.2	2.1	2.8	31.4	26.4	38.9	25.7	7.1	5.9	8.1	7.2
All other	9.6	11.4	8.6	7.5	12.8	11.6	14.4	12.6	12.3	13.1	12.5	9.3
Nonsurgical Conditions—Total	84.3	86.6	75.2	106.1	17.5	13.0	17.3	28.8	147.6	112.3	130.1	305.4
Diseases of heart	28.5	26.6	27.4	37.2	20.0	18.8	19.1	24.5	56.8	50.2	52.0	91.4
Coronary arteries	13.4	13.7	13.6	11.6	18.8	19.0	18.9	17.7	25.2	26.1	25.7	20.6
Diseases of digestive system	12.8	15.1	11.1	11.6	8.7	6.8	10.2	11.3	11.1	10.3	11.3	13.1
Diseases of respiratory system	7.5	9.1	5.5	9.3	11.4	9.4	12.8	14.7	8.6	8.5	7.1	13.6
Diseases of circulatory system, except heart	6.4	7.2	4.9	8.4	11.3	10.1	13.8	9.6	7.2	7.3	6.8	8.1
Diseases of central nervous system	4.8	3.5	4.3	10.2	20.2	16.6	15.0	30.7	9.8	5.8	6.5	31.5
Diabetes	3.3	3.2	3.7	2.3	13.2	8.7	14.7	23.8	4.4	2.8	5.5	5.5
Diseases of genito-urinary system	2.7	2.9	2.8	1.9	11.3	5.4	11.9	35.3	3.1	1.5	3.4	6.6
Accidents	2.6	3.2	2.4	1.9	13.4	13.7	15.4	4.5	3.6	4.4	3.7	.8
Psychoneuroses and psychoses	2.3	2.1	1.8	4.7	107.5	36.9	96.7	212.2	24.8	7.7	17.3	98.7
Arthritis	2.1	2.6	1.3	2.8	8.5	7.4	10.8	8.0	1.7	1.9	1.4	2.2
Cancer	2.0	1.4	2.2	2.8	29.8	33.6	30.5	22.7	5.9	4.8	6.8	6.3
All other	9.3	9.7	7.8	13.0	11.4	7.3	10.8	21.2	10.6	7.1	8.3	27.6
Females												
Surgical Conditions—Total	49.3	44.9	49.5	57.4	25.3	15.4	24.8	41.2	124.5	68.9	122.8	236.4
Abdominal surgery	10.5	7.6	11.5	13.3	27.3	24.5	25.3	34.9	28.5	18.6	29.0	46.2
Eye	5.5	3.8	6.7	5.9	12.5	11.2	9.2	23.0	6.8	4.3	6.1	13.5
Fractures	8.5	4.5	7.9	17.6	45.1	22.7	37.2	64.8	38.3	10.3	29.2	114.6
Fractures of hip and pelvis	4.4	.8	3.0	14.7	69.3	27.0	61.4	77.5	30.4	2.1	18.5	114.1
All other	24.8	29.0	23.4	20.6	20.4	12.3	24.9	30.1	50.9	35.7	58.5	62.1
Nonsurgical Conditions—Total	48.5	28.1	51.9	79.5	30.3	17.7	33.0	34.8	147.1	49.7	171.1	277.0
Diseases of heart	12.3	5.3	15.7	17.7	22.5	19.0	23.7	21.9	27.7	10.1	37.1	38.8
Coronary arteries	3.6	—	7.2	1.5	31.6	—	33.1	14.0	11.3	—	24.0	2.1
Diseases of digestive system	6.0	3.8	6.1	10.3	14.5	10.8	15.3	16.1	8.8	4.1	9.2	16.6
Diseases of respiratory system	6.3	7.6	2.4	13.2	22.7	22.4	18.3	25.1	14.3	17.0	4.4	33.3
Diseases of circulatory system, except heart	4.4	3.0	5.5	4.4	52.3	10.0	27.4	183.3	23.0	3.0	14.9	81.0
All other	19.5	8.4	22.2	33.9	37.7	18.5	47.2	31.7	73.3	15.5	105.5	107.3

*Includes persons actively at work, those on total and permanent disability, and the retired; personnel in the Pacific Coast States and Canada are not included.

†A total of 2,361 men and 357 women were admitted in the two years.

Note: Figures in italics based on fewer than 10 cases.

ence of Metropolitan Life Insurance Company office and field personnel protected under the Company's Group insurance program, and include the permanently disabled and the retired as well as personnel actively at work.* The findings in this study, representing the experience of insurance company personnel protected under a liberal hospitalization insurance program, covered cases admitted to a hospital in 1957 and 1958 traced to June 30, 1959.

Among men, the annual incidence of hospitalization for surgical conditions increased from about 70 per 1,000 at ages 60-74 years to nearly 80 per 1,000 at ages 75 and over. Abdominal and urologic operations, in that order, were the leading types of surgery among men in the age range 60-74 years, but beyond this age their rank was reversed. These two conditions accounted for more than half of all surgical cases among men in the age range 60 and over. Other important surgical causes for hospitalization were benign tumors, proctologic diseases, eye conditions, and fractures; the incidence of hospitalization for the latter two conditions increased sharply with age.

Among women at ages 60 and over, as among men, abdominal operations were the most frequent type of surgery, but fractures ranked second. In fact, among women at ages 75 and over, the reduction of fractures—mainly of the hip and pelvis—was the most common type of surgery.

For both men and women, heart disease outranked by a considerable margin every other type of nonsurgical condition as a cause of hospitalization in this experience. For example, among men at ages 60-74 years, the annual incidence of hospitalization for this disease was about 27 per 1,000, or approximately twice that for the next ranking cause; the rate increased to 37 per 1,000 at ages 75 and over. Coronary disease accounted for half the hospitalized cases of heart disease among men in the age range 60-74 years and for nearly one third beyond that age. In the broad age range 60 and over, ranking second for men were diseases of the digestive system and for women diseases of the respiratory system.

The average length of hospital stay per case increased with advance in age, both for surgical and nonsurgical cases. Thus, for males, the average duration of hospitalization per case for surgical conditions rose from 13.7 days at ages 60-64 to 18.9 days at ages 75 and over, and for nonsurgical conditions from 13.0 to 28.8 days. At each age group, the average hospital stay was greater for psychoneuroses and psychoses than for any other condition, surgical or nonsurgical—increasingly so with advance in age. The average stay per case for these mental disorders was

*Exclusive of personnel in the Pacific Coast States and in Canada. An earlier report on this study appeared in the *Statistical Bulletin*, October 1959.

as much as 97 days for men at ages 65-74 and no less than 212 days at ages 75 and over. These disorders also involved long hospitalization for women, but there were too few cases to warrant analysis.

The right-hand panel of the table shows the average length of time spent in the hospital, during the period under survey, per 100 persons insured under the Company's insurance program. These figures on hospital utilization take into account both the admission rate and the average hospital stay per case. The time spent in the hospital by the average insured man on account of surgical conditions increased from 1 day at ages 60-64 to 1½ days at ages 75 and over; for nonsurgical conditions the corresponding rise was from slightly more than 1 day to about 3 days. For the average insured woman in this experience, the hospital stay for surgical conditions rose from about 0.7 days at ages 60-64 to about 2⅓ days at ages 75 and over; for nonsurgical conditions the increase was from 0.5 days to nearly 2.8 days.

The American Family Today

THERE were 44,200,000 families in the United States in March 1959, which included nearly 162,000,000 persons, or 92 percent of the country's population. Nearly 38,600,000 of these people were the heads of husband-wife families, an equal number were the wives of the family head, and 5,600,000 were other family heads. In addition, there were 17,300,000 adults other than family heads living with people related by blood, marriage, or adoption, and 61,800,000 children under 18 years of age.

Most family heads are relatively young, as may be seen in the accompanying table. In 11⅓ million families—one fourth of the total—the family head is under 35 years of age, and in 10⅔ million the head is in the age group 35-44. At the other extreme, there are 6 million families in which the head is at least 65 years old.

Married couples account for at least 9 out of every 10 families in which the head is under 45 years of age. Although the proportion decreases with advance in age, married couples still comprise more than 3 out of every 4 families where the head is 65 years or older. Since most women outlive their husband, the proportion of families with a female head increases in later life. In fact, women represent one sixth of the family heads past age 65. In contrast, less than 3 percent of all families are headed by widowers or other men not currently married.

In the great majority of husband-wife families the wife is somewhat younger than her husband, but in about one eighth she is older

than her spouse. More than one half of the wives under age 25 are married to men who are 25 years or older. Relatively few of the married women at ages 25-34 have a husband who is under age 25. It is also noteworthy that in about 2⅔ million families both spouses are past age 65.

In husband-wife families there is an average of 1.44 children under age 18. Family responsibilities are even greater in families where the husband is aged 25-44 years. The average is 2.09 dependent children in families where the husband is

CHARACTERISTICS OF FAMILIES IN THE UNITED STATES, MARCH 1959*

Characteristic	Age of Family Head, in Years						
	14 and Over	14-24	25-34	35-44	45-54	55-64	65 and Over
Families, number in thousands	44,202	2,269	9,117	10,686	9,448	6,662	6,020
Husband–wife	38,585	2,082	8,398	9,604	8,193	5,690	4,618
Other male head	1,285	37	107	220	252	268	401
Female head	4,332	150	612	862	1,003	704	1,001
Age of wife in husband–wife families, percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
14–24 years	10.4	93.5	23.3	.9	.2	—	—
25–34 years	24.7	6.2	71.0	32.3	3.4	.6	.1
35–44 years	25.4	.3	5.4	62.1	36.5	5.7	1.1
45–54 years	19.6	—	.3	4.5	55.8	38.6	7.8
55–64 years	12.5	—	—	.2	3.9	51.6	33.4
65 years or older	7.4	—	—	—	.2	3.5	57.6
Average number of members, excluding family head and wife							
Members under age 18							
All families	1.40	1.05	2.09	2.22	1.28	.48	.22
Husband-wife families	1.44	.98	2.09	2.29	1.29	.46	.17
Other families with male head	.64	.19	1.07	.78	.90	.45	.47
Families with female head	1.26	2.27	2.26	1.90	1.25	.64	.38
Members aged 18 or older							
All families	.39	.14	.14	.27	.57	.62	.57
Husband-wife families	.30	.11	.11	.23	.49	.50	.34
Other families with male head	1.27	.86	1.77	.88	1.29	1.09	1.48
Families with female head	.92	.35	.26	.56	1.02	1.40	1.28

*Excludes civilian population in Alaska and Hawaii and 1,577,000 members of Armed Forces in the United States and overseas.

Source: Bureau of the Census, *Current Population Reports*, Series P-20, Nos. 96 and 100, and estimates by the Statistical Bureau of the Metropolitan Life Insurance Company.

25-34 years of age and 2.29 children where he is 35-44 years old. Thereafter, the average number of young dependents per family decreases steadily as the children reach their 18th birthday, marry, or leave home for other reasons. Thus, in families where the husband is past age 55, the majority of the other family members are either adult sons and daughters or other adult relatives.

The average woman who heads a family also bears considerable responsibility for the care of young children. When she is under 35 years of age, there are about 2.26 children under age 18 per family. The average number of dependent children falls off with advance in age, but it still is as much as 1.25 per family for female heads aged 45-54; beyond age 55 it exceeds the average for husband-wife families. Female family heads past age 65—most of whom are widows — have nearly 400,000 dependent children in their care. This is more than one fourth of the youngsters in all families where the head is 65 years or older.

The number of families in the United States has been increasing rapidly in recent years. In 1959 there were 3 million more families than there had been five years earlier and about 5½ million more than in 1949. Moreover, the number will continue to grow and is expected to exceed 60 million around 1980. In the light of these trends, it is fortunate that the American people are making provision for their future through Life insurance and other forms of thrift. According to estimates by the Institute of Life Insurance, at the end of 1959 approximately 115 million policyholders in the United States owned more than 530 billion dollars of Life insurance in private companies.

Loss of Life in Violent Storms and Floods

TORNADOES, hurricanes, and floods took about 3,100 lives in continental United States during the 10-year period 1950-59. The combined toll from these cataclysms varied considerably from one year to another, ranging from 85 lives in 1951 to a high of 663 in 1957. Details are shown in the accompanying table, which is based on reports by the Weather Bureau. In the decade as a whole, tornadoes caused about 45 percent of the fatalities, the remainder being almost equally divided between hurricanes and floods.

Tornadoes were responsible for slightly more than 1,400 deaths in the 1950's. Over a third of these fatal injuries were sustained in 1953 alone. On June 8 of that year, a series of tornadoes took 142 lives in Michigan and Ohio, most of them in the Flint area. The following day a tornado hit Worcester County, Mass., killing 90 people.

NUMBER OF DEATHS FROM TORNADOES, HURRICANES, AND FLOODS
United States, 1950 to 1959

Year	Total	Tornadoes	Hurricanes	Floods*
1950-59	3,089	1,407	848	834
1959†	134	57	10	67
1958	114	66	0	48†
1957	663	191	390	82
1956	140	83	15	42
1955	643	125	216	302
1954	283	35	193	55
1953	558	516	2	40
1952	287	230	3	54
1951	85	34	0	51
1950	182	70	19	93

*These figures are exclusive of lives lost in tidal waves—such as those accompanying the Louisiana hurricane of June 1957—which are counted as hurricane deaths.
†Provisional.
Source: Weather Bureau, *Climatological Data, National Summary*, Annual Reports, and monthly reports for 1958 and 1959.

In May of the same year a tornado caused 114 fatalities in Waco, Tex. The second highest number of deaths from tornadoes in the decade occurred in 1952, but the large majority of the 230 fatalities in the United States that year were caused by one series of storms which swept across the Missouri Valley in March.

The annual mortality from hurricanes fluctuates to a greater extent than that from tornadoes or floods. For example, there were only 10 deaths from hurricanes in the country as a whole during 1959 and not a single fatality the year before. In sharp contrast, the only hurricane to strike the United States during 1957 was responsible for a loss of approximately 390 lives, largely concentrated in Louisiana. This was the heaviest loss of life in any natural disaster in two decades.

Floods accounted for 834 deaths in the decade under review. In each of these years but one, the annual loss of life was less than 100. The one exception was 1955, when the victims numbered about 300; nearly 200 of them perished in floods resulting from the torrential rains accompanying the hurricane which hit the Northeastern part of the country on August 17-19. Most of the remaining flood deaths during 1955 occurred in California and other Pacific Coast areas, accentuating the unusual geographic distribution of such fatalities that year. Over a long period, the Ohio and Missouri regions have suffered the greatest losses.

In most years, the bulk of the deaths from tornadoes and from floods occur during the spring and early summer, whereas the death toll from hurricanes is very largely concentrated in the late summer and early fall. Yet, some of the greatest natural disasters in the decade occurred at unexpected periods. For example, although June is usually the worst month for floods, the heaviest loss in the 10-year period was sustained in August of 1955. Similarly, hurricanes are comparatively rare in June, yet that was the month in which destructive Audrey struck in 1957.

Various measures have been taken in recent years to reduce the loss of life in natural disasters. Efforts have been made to prevent floods by diverting rivers and by the construction of reservoirs and flood walls. Much has also been accomplished by flood warnings and by the evacuation of people from potentially dangerous areas. When hurricanes and tornadoes strike, the saving of lives still depends primarily on alerts and other warning services.

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Company's Exhibit at American Medical Association Meeting

Physicians attending the Annual Meeting of the American Medical Association in Miami Beach, June 13-17, are cordially invited to visit the Metropolitan Life Insurance Company booth in the Scientific Exhibit (Space 621). The Company's exhibit,

OVERWEIGHT: ITS SIGNIFICANCE AND PREVENTION

based on data derived from a study by the Society of Actuaries, points up the seriousness of overweight and focuses attention on its prevention.

New information on heights and weights, and their relationship to longevity, will be presented.

MORTALITY FROM SELECTED CAUSES

Industrial Policyholders, Metropolitan Life Insurance Company
February 1960

Cause of Death	Annual Rate per 100,000 Policyholders*				
	February		Year to Date		
	1960†	1959†	1960†	1959†	1958
All Causes	757.2	681.9	741.3	712.0	722.6
Tuberculosis (all forms)	7.6	6.6	6.0	6.1	7.9
Communicable diseases of childhood	—	0.2	0.1	0.2	0.2
Acute poliomyelitis	—	—	0.1	‡	—
Malignant neoplasms	149.7	136.1	147.3	144.8	139.4
Digestive system	49.6	47.0	48.9	49.9	44.5
Respiratory system	20.9	19.1	20.9	21.6	19.1
Diabetes mellitus	17.8	14.3	16.9	16.0	16.9
Diseases of the cardiovascular-renal system	409.0	374.8	402.4	390.1	390.9
Vascular lesions, central nervous system	74.4	74.3	73.5	76.6	73.0
Diseases of heart	304.6	273.8	300.1	284.5	290.0
Chronic rheumatic heart disease	15.3	11.0	13.4	11.3	12.4
Arteriosclerotic and degenerative heart disease	241.1	218.1	239.7	226.9	229.3
Diseases of coronary arteries	136.6	129.2	138.3	138.9	128.9
Hypertension with heart disease	35.3	32.2	33.7	33.8	36.4
Other diseases of heart	13.0	12.4	13.2	12.4	11.9
Nephritis and nephrosis	8.1	7.3	7.9	8.1	8.3
Pneumonia and influenza	39.7	21.0	31.7	20.7	29.0
Complications of pregnancy, childbirth	0.3	0.9	0.5	0.7	1.0
Suicide	5.9	6.5	5.9	6.7	5.9
Homicide	3.6	2.6	3.5	2.7	3.1
Accidents—total	29.7	30.1	32.3	34.2	33.0
Motor vehicle	13.0	12.5	14.9	15.5	15.3
All other causes	93.9	88.8	94.6	89.8	95.3

*These death rates relate to persons insured under Weekly or Monthly premium-paying policies for small amounts of insurance.

†Beginning with January 1959, deaths have been classified according to the Seventh Revision of the International List of Causes of Death. Consequently, the death rates for individual causes in 1959 and 1960 are not strictly comparable with those for earlier periods. Rates for 1960 are provisional.

‡Less than 0.05.

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